

# Volunteer Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Languages (fluent)  Spanish  Polish  German  Italian  Other \_\_\_\_\_

Availability  AM  PM  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Start Date \_\_\_\_\_

**Volunteer Program Preferences**  Transportation Benefits Access Enrollment

Understanding Medical Bills  Senior Health Insurance Program (SHIP)

Senior Health Assistance Program (SHAP) for transportation, Medicaid, SNAP, Senior Tax Freeze

Caregiver Support Group  Translation Assistance  Financial Counseling  Phone Intakes

General Office Help  Other: \_\_\_\_\_

**Can you perform the essential requirements of this job with or without reasonable accommodation?**  Yes  No

Please explain \_\_\_\_\_

\_\_\_\_\_

**Past volunteer experience** \_\_\_\_\_

\_\_\_\_\_

**References** (please provide one personal and one volunteer or business)

(1) Name \_\_\_\_\_ Phone \_\_\_\_\_

(2) Name \_\_\_\_\_ Phone \_\_\_\_\_

**How did you hear about volunteering with Solutions for Care?**

Library  Park District  Senior Center  City Newsletter  Other: \_\_\_\_\_

All the information provided above is accurate to the best of my knowledge, and I have read and agree to the terms stated in the Volunteer Memorandum of Understanding. I understand that Solutions for Care will conduct a background check prior to volunteering.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Memorandum of Understanding

Solutions for Care is committed to preserving the independence and dignity of all older adults and those living with disabilities, being their advocate and working to find the best available resources that lead to greater self-sufficiency and a higher quality of life.

To further the mission of Solutions for Care, volunteers agree to adhere to the following policies:

1. Adhere to all of Solutions for Care's policies and procedures as outlined in the Volunteer Manual.
2. Conduct oneself in a professional manner
3. Maintain client confidentiality at all times
4. Receive training and agree to participate in all future required training
5. Submit appropriate documentation in a timely manner
6. Provide reasonable notice to supervisor if unable to attend appointments, and make arrangements for another volunteer to provide coverage
7. Sign waiver releasing Solutions for Care of any liability while serving as a volunteer
8. Notify supervisor of any conflict of interest in providing services to clients
9. Agree to provide services without bias, showing respect to every client
10. Failure to comply with Solutions for Care policies or violations of ethical standards could result in discipline, up to and including termination.

### **Confidentiality & Non-Disclosure**

It is our policy to rigorously observe the law and ethical principles regarding the observance of confidentiality for all medical and other sensitive records that may be encountered or obtained in the course of Company's legitimate activities. All client-related information is confidential and should not be discussed with anyone except those with appropriate authorization. It is very important that you understand what information may be disclosed and to whom. All employees are expected to exercise conservative judgment regarding the release of confidential and personal information of registered qualified clients to follow employees, employer representatives and/or treating or evaluating professionals. If any form of breach of confidentiality takes place, it will be brought to the governing board for review. The governing body has the authority to authorize immediate termination for any breach of confidentiality.

Any questions concerning this policy, including what constitutes confidential information, should be promptly referred to the Executive Director.